FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L08834 1. Corporation Name

SHANE AND ASSOCIATES, INC.

Principal Place of Business

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90155 001 ***150.00



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29399 U.S. HIGHWAY 19 NORTH SUITE 360 CLEARWATER FL 34621-2137		29399 U.S. HIGHWAY 19 NORTH SUITE 360								
OCCANIALE	n rt 34621-213/	CLEARWATER FL 34621-2137				DO NOT MOTE ALTERNA	D0 1100 110			
						DO NOT WRITE IN THIS S 3. Date Incorporated or Qualifed	PACE			
2 Original	Ol-					08/10/1989				
Principal Place of Business Za. Mailing Address						4. FEI Number				
21/		26					Ĺ	Applied For		
Suite, Apt. #, etc. Suite, Api			Apt. #, etc.			59-2963780 Not Apl				
2		27				5. Certifcate of Status Desired		75 Additional		
City & St	ate	City & State					Fe	e Required		
3			,		_	6. Election Campaign Financing	\$5.	00 May Be		
Zip	Country Zip		Country			Trust Fund Contribution	Add	led to Fees		
4	25	29	30			8. This corporation owes the current year Intend	ble			
	9. Name and Address of Currer	nt Registered Agent	130	т-		Personal Property Tax.	Yes	□No		
ĈU:				81	Name	10. Name and Address of New Registered Ag	int			
000	ANE, GLENN B			1	Name					
300	0 RED OAK COURT #5-102			82	Street Add	ress (P.O. Box Number is Not Acceptable)	——			
150	4 LAGO VISTA BLVD			\Box						
PAL	M HARBOR FL 34685			83						
				84	City					
1 Pursuant	to the provision (O					E1 8	5 Z	ip Code		
office or	egistered agent, or both, in the State	2 and 607.1508, Florida Statute	s, the al	bove-	named corp	poration submits this statement for the purpose of chain's board of directors. I hereby accept the appointment	ㅗ			
agent. I a	im familiar with, and accept the obligat	ions of, Section 607,0505, Flor	ithorized ida Stati	by th	he corporation	poration submits this statement for the purpose of char on's board of directors. I hereby accept the appointment	iging int as	its registered		
IGNATURE			iaa otat	103.			=0	regiotered		
2.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered.	Agent s	signature requirer	d when reinstating)				
<u>e. </u>	PTS OFFICERS AND	DIRECTORS	13.		- gridiaro roquila	DAIL				
	! I DELETE ■			1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND D				
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address, with all other like empowered.

IGNATURE: